

EAST WOODS PRESBYTERIAN CHURCH REIMBURSEMENT FORM

Please attach all receipts and place in Treasurer's Mailbox

Name: _____

Has this expense been cleared through the specific ministry committee? ____ Yes ____ No

Address: _____

I would like to donate this reimbursement back to the General Fund ____

Other: _____ [Please designate]

Phone: _____

Please record and credit my giving accordingly.

NAME OF ITEM	MINISTRY ACCOUNT	DATE	COST
TOTAL			

Date paid _____

Check # _____

No reimbursement, Church credit card used _____